

CONTRACT AWARD NOTIFICATION
SPECIFICATION NO.03-015
UNIT PRICE CONSTRUCTION CONTRACT FOR
MISCELLANEOUS DEMOLITION SERVICES

DATE: April 12, 2004

CONTRACT PERIOD: May 1, 2004 thru April 30, 2005

CONTRACTOR: Hansen Const. Co.
P.O. Box 83674
Lincoln, NE 68501

PURCHASING DIVISION
K-STREET COMPLEX
440 SOUTH 8TH STREET
LINCOLN, NEBRASKA 68508
(402) 441-7410

Company Representative: Dennis Hansen
Telephone No.: 402/435-0163
FAX No.: 402/435-6509
E-Mail Address:

THE CITY/COUNTY'S SPECIFICATIONS AND THE CONTRACTOR'S ACCEPTED PROPOSAL AND PRICING SCHEDULES, NOW ON FILE IN THE OFFICE OF THE CITY CLERK AND/OR THE COUNTY CLERK, ARE ADOPTED BY REFERENCE AND ARE AS FULLY A PART OF THIS CONTRACT FOR THE ABOVE-NAMED COMMODITY AS IF REPEATED VERBATIM HEREIN.

Labor Rates:

Truck Driver	@	\$13.80/Hr.
Equipment Operator	@	\$18.30/Hr.
Laborer	@	\$13.80/Hr.

Overhead & Profit:

Material excluding freight	@	15%
Equipment	@	15%
Subcontractor Costs	@	15%

NO ACTION NEED BE TAKEN BY THE CONTRACTOR AT THIS TIME. ORDERS FOR MATERIAL WILL BE MADE AS NEEDED BY THE VARIOUS CITY/COUNTY DEPARTMENTS.

DEPARTMENTS REQUIRING CATALOGS AND/OR PRICING SCHEDULES SHALL NOTIFY THE CONTRACTOR DIRECTLY.

E.O. #69920
Dated: 03/29/04

CITY OF LINCOLN, NEBRASKA
UNIT PRICE QUOTATION
MISCELLANEOUS DEMOLITION SERVICES 03-015

Date: _____

TO DEPARTMENT/AGENCY REPRESENTATIVE: _____
FROM (CONTRACTOR): _____
PROJECT NUMBER: _____
PROJECT DESCRIPTION: _____

When making a quotation please breakdown the Total Cost into the following categories: Labor, Materials, Equipment, Overhead and Subcontractors Costs. Fill in the following Tables in the areas as shown. If an item does not apply, please do not make an entry in that column.

TIME OF COMPLETION

Estimated Start Date	
Number of Days to Complete	

LABOR COST TABLE

CONTRACTOR	RATE	NO. HOURS	TOTAL \$ AMOUNT
Truck Driver			
Equipment Operator			
Laborer:			
Other			
TOTAL LABOR			

EQUIPMENT AND MATERIAL COSTS

ITEM	COST	% O. & P.	TOTAL \$ AMOUNT
Total Equipment Costs			
Total Materials Cost			
Total Shipping Cost			

O. & P. ON SUBCONTRACTORS COSTS

SUB-CONTRACTOR (NAME)	COST	% O. & P.	TOTAL \$ AMOUNT
Sub No. 1			
Sub No. 2			
Sub No. 3			
Sub No. 4			
Sub No. 5			

TOTAL PRICE (NOT TO EXCEED)

\$

FIRM: _____
BY: _____
ADDRESS: _____

Change Order #:

Accepted:

Not Accepted:

PHONE _____ **APPROVED BY:** _____

Department/Agency Representative

DATE: _____